

5-19-06
PCT\$
"Express Mail" mailing label number
EV655107263US

IAP6 Rec'd PCT/PTO 17 MAY 2006

Date of Deposit May 17, 2006

TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A SUBMISSION UNDER 35 U.S.C. 371		ATTORNEY'S DOCKET NO. 11371-120 (Siemens AG Ref. No. 2003P04019WOUS) U.S. APPLICATION NO. (If known, see 37 C.F.R. 1.5) To Be Assigned 10/580150
INTERNATIONAL APPLICATION NO. PCT/EP2004/052928	INTERNATIONAL FILING DATE November 11, 2004	PRIORITY DATE CLAIMED November 20, 2003
TITLE OF INVENTION INTEGRATED COOLANT CONDUCTION FOR A COMPUTER TOMORGRAPH		
APPLICANT(S) FOR DO/EO/US Edgar Schindler et al.		
Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:		
<ol style="list-style-type: none">1. <input checked="" type="checkbox"/> This is a FIRST submission of items concerning a filing under 35 U.S.C. 3712. <input type="checkbox"/> This is a SECOND or SUBSEQUENT submission of items concerning a filing under 35 U.S.C. 3713. <input checked="" type="checkbox"/> This express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9), and (21) indicated below.4. <input checked="" type="checkbox"/> The US has been elected (Article 31).5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2)).<ol style="list-style-type: none">a. <input type="checkbox"/> is transmitted herewith (required only if not transmitted by the International Bureau).b. <input checked="" type="checkbox"/> has been transmitted by the International Bureau.c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).6. <input checked="" type="checkbox"/> An English translation of the International Application into English (35 U.S.C. 371(c)(2)).<ol style="list-style-type: none">a. <input checked="" type="checkbox"/> is attached hereto.b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).7. <input type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)).<ol style="list-style-type: none">a. <input type="checkbox"/> are transmitted herewith (required only if not transmitted by the International Bureau).b. <input type="checkbox"/> have been transmitted by the International Bureau.c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.d. <input type="checkbox"/> have not been made and will not be made.8. <input type="checkbox"/> An English translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).9. <input type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).10. <input type="checkbox"/> An English translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)) and/or amendments under Article 34.		
Items 11 to 20 Below concern other document(s) or information included:		
<ol style="list-style-type: none">11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.13. <input checked="" type="checkbox"/> A preliminary amendment.14. <input type="checkbox"/> An Application Data Sheet under 37 CFR 1.76.15. <input checked="" type="checkbox"/> A substitute specification.16. <input type="checkbox"/> A power of attorney and/or change of address letter.17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821-1.825.18. <input checked="" type="checkbox"/> A second copy of the published international application under 35 U.S.C. 154(d)(4).19. <input checked="" type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).20. <input checked="" type="checkbox"/> Other items or information: Return Post card.		

SEND COMPLETED FORM TO: Mail Stop PCT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

U.S. APPLICATION NO. (If known, see 37 C.F.R. 1.50) To Be Assigned 107580130	INTERNATIONAL APPLICATION NO. PCT/EP2004/052928	ATTORNEY'S DOCKET NO. 11371-120 (Siemens AG Ref. No. 2003P04019WOUS)																																														
The following fees are submitted: 21. <input checked="" type="checkbox"/> Basic national fee (37 CFR 1.492(a))\$300 22. <input checked="" type="checkbox"/> Examination fee (37 CFR 1.492(c)) If international preliminary report prepared by ISA/US or the examination report prepared by IPEA/US indicates all claims satisfy provisions of PCT Article 33(1)-(4)\$0 All other situations\$200 23. <input checked="" type="checkbox"/> Search Fee (37 CFR 1.492(b)) If the written opinion of the ISA/US or the International preliminary examination report prepared by IPEA/US indicates all claims satisfy provisions of PCT Article 33(1)-(4)\$0 Search fee (37 CFR 1.445(a)(2)) has been paid on the international application to the USPTO as an International Searching Authority\$100 International Search Report prepared and provided to the Office\$400 All other situations\$500 TOTAL OF 21, 22 and 23 = \$900.00 <input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof. Surcharge of \$130.00 for furnishing the oath or declaration later than <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(e)). <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Claims</th> <th style="width: 20%;">Number Filed</th> <th style="width: 20%;">Number Extra</th> <th style="width: 20%;">Rate</th> <th style="width: 20%;"></th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>14- 20 =</td> <td>0</td> <td>x \$ 50.00</td> <td></td> <td>\$0.00</td> </tr> <tr> <td>Independent Claims</td> <td>3- 3 =</td> <td>0</td> <td>x \$ 200.00</td> <td></td> <td>\$0.00</td> </tr> <tr> <td>Multiple dependent claim(s) if Applicable)</td> <td></td> <td></td> <td>+ \$360.00</td> <td></td> <td>\$0.00</td> </tr> <tr> <td colspan="5" style="text-align: right;">TOTAL OF ABOVE CALCULATIONS =</td> <td>\$900</td> </tr> </tbody> </table> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2. SUBTOTAL = \$ Processing fee of \$130.00 for furnishing the English translation later than the <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)). TOTAL NATIONAL FEE= \$900 Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31), \$40.00 per property + TOTAL FEES ENCLOSED= \$900 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Amount to be refunded</td> <td style="width: 40%;">\$</td> </tr> <tr> <td>charged</td> <td>\$</td> </tr> </table>		Claims	Number Filed	Number Extra	Rate			Total Claims	14- 20 =	0	x \$ 50.00		\$0.00	Independent Claims	3- 3 =	0	x \$ 200.00		\$0.00	Multiple dependent claim(s) if Applicable)			+ \$360.00		\$0.00	TOTAL OF ABOVE CALCULATIONS =					\$900	Amount to be refunded	\$	charged	\$	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CALCULATIONS</th> <th style="width: 50%;">PTO USE ONLY</th> </tr> <tr> <td>\$300.00</td> <td></td> </tr> <tr> <td>\$200.00</td> <td></td> </tr> <tr> <td>\$400.00</td> <td></td> </tr> <tr> <td>\$0</td> <td></td> </tr> <tr> <td>N/A</td> <td></td> </tr> </table>	CALCULATIONS	PTO USE ONLY	\$300.00		\$200.00		\$400.00		\$0		N/A	
Claims	Number Filed	Number Extra	Rate																																													
Total Claims	14- 20 =	0	x \$ 50.00		\$0.00																																											
Independent Claims	3- 3 =	0	x \$ 200.00		\$0.00																																											
Multiple dependent claim(s) if Applicable)			+ \$360.00		\$0.00																																											
TOTAL OF ABOVE CALCULATIONS =					\$900																																											
Amount to be refunded	\$																																															
charged	\$																																															
CALCULATIONS	PTO USE ONLY																																															
\$300.00																																																
\$200.00																																																
\$400.00																																																
\$0																																																
N/A																																																
a. <input checked="" type="checkbox"/> A check in the amount of \$900.00 to cover the above fees is enclosed. b. <input type="checkbox"/> Please charge my Deposit Account No. 23-1925 in the amount of \$_____ to cover the above fees. A duplicate copy of this sheet is enclosed. c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 23-1925. A duplicate copy of this sheet is enclosed. d. <input type="checkbox"/> Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.																																														
Send all correspondence to the address associated with Customer No: 00757 - Brinks Hofer Gilson Lione		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 40px; text-align: center; vertical-align: middle;"> </td> </tr> <tr> <td>Signature</td> </tr> <tr> <td>Name</td> </tr> <tr> <td>Craig A. Summerfield</td> </tr> <tr> <td>Registration Number 37,947</td> </tr> </table>			Signature	Name	Craig A. Summerfield	Registration Number 37,947																																								
Signature																																																
Name																																																
Craig A. Summerfield																																																
Registration Number 37,947																																																